



Michigan Thumb Public Health Alliance

www.mithumbpha.org

Huron | Lapeer | Sanilac | Tuscola

2016 Strategic Plan

Vision

Improved health and wellness of residents of the Thumb of Michigan.

Mission

To develop, implement, and sustain models of shared public health services that increase capacity, contain costs, maximize assets, and more effectively impact health outcomes

Contents

Introduction	2
Executive Summary	3
Data Informed Planning	4
Implementation Plan Summary	7
Appendices.....	8

1. Participants of Strategic Planning Meetings (May 1, 2015 through September 30, 2016)
2. CJS Self-Assessment Tools
3. County Health Rankings Summary
4. Project Benefits Chart
5. Communication Plan
6. Evaluation Plan for Monitoring and Measurement Impact
7. Logic Model Template
8. Committee Workplan Template
9. Operating Guidelines

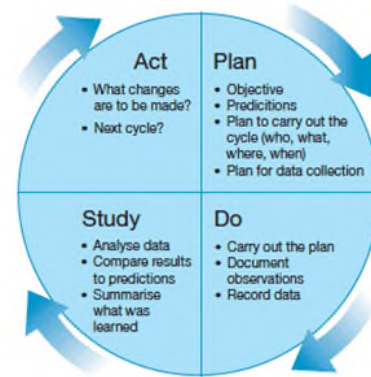
Introduction

The challenges of public health across the nation reflects a number of shifting circumstances including changing demographics, causes of disease, increased burden of chronic diseases, funding challenges, and changes in the healthcare system. In light of the complexity of facing these challenges, the health departments in Huron, Lapeer, Sanilac, and Tuscola Counties engaged in a process to explore ways to collaboratively meet these challenges.

The cross jurisdictional sharing process (CJS) outlined by the Center for Sharing Public Health Services was utilized. Leadership and department directors met thirteen times from May 2015 to September 2016. During these meetings, a facilitator led the group through the Phase I: Explore and Phase II: Plan and Prepare steps of the CJS process. Their work included...

- exploring all areas of potential sharing,
- establishing group values and expectations,
- defining the scope of shared services,
- identifying opportunities to pursue, and
- defining partners and stakeholders.

Within the first six months, members had established a group identity as the Michigan Thumb Public Health Alliance, developed a website, and tested sharing projects related to prioritized focus areas. Using a PDSA (Plan, Do, Study, Act) model, test projects were utilized to develop fiscal practices, identify legal concerns, adopt communication practices, and resolve logistical challenges. Based on group learning, operating guidelines were developed and approved. In the summer of 2016, the group engaged in strategic planning with the objective of charting the next three years of the alliance.



Questions considered during strategic planning included:

- a. What are the community conditions that link the four jurisdictions of the Alliance?
- b. What is the financial picture and climate for public health departments which supports cross-jurisdictional sharing?
- c. Where are opportunities to leverage strengths of Alliance members in order to meet the needs or weaknesses of the Alliance or individual health departments?
- d. What is the state, national, and legislative environment related to the Public Health Alliance?
- e. What types of learning and growth are important for the Alliance?

Through the strategic planning process, the Alliance identified four priority community needs and six mission aligned focus areas. With the development of a strategic plan, the Alliance is ready to enter Phase three of the CJS process: Implement and Improve.

Priority Community Needs

- **Chronic diseases impacted by inadequate nutrition and physical inactivity**
- **Immunization rates**
- **Environmental health concerns including community awareness of water quality**
- **Community conditions including poverty, housing, substance abuse, and mental health.**

Mission Aligned Focus Areas

1. **Aligned Policies and Procedures**
2. **Grant Seeking & Writing**
3. **Information Technology (IT)**
4. **Development of Workforce**
5. **Shared Purchasing**
6. **Outreach**

Executive Summary

Strategic Planning Process

Using the cross jurisdictional sharing process (CJS) outlined by the Center for Sharing Public Health Services, leadership and department directors met thirteen times from May 2015 to September 2016.

Vision

Improved health and wellness of residents of the Thumb of Michigan through health promotion, disease prevention, and promotion of an environment that supports wellness.

Mission

To develop, implement and sustain models of shared public health services that increase capacity, contain costs, maximize assets, and more effectively impact health outcomes

Values

Fiscal Responsibility

- As an alliance we leverage the strengths of our organizations to produce projects and efforts that have shared benefits.
- We pursue projects which will increase efficiency through shared learning, time savings, improved practices, shared purchasing, economy of scale, project replication, and reduced duplication of effort.
- We honor the public's trust and are committed to standards of accountability and transparency.

Impact on Health of Community

- We are willing to undertake innovative projects with optimism and the commitment to improve both our operations and the health of the community.
- We evaluate the effectiveness of our collaborative efforts in order to learn from our experiences and stay focused on achieving results.
- We strive to continually learn and improve in order to achieve the highest quality standards of Public Health.

Working Rules

- We are dedicated to collaborating with Alliance members to the benefit of the community and our organizations.
- We support a shared learning environment where we learn from the successes and challenges of each other.
- We value input of Alliance members and treat each other with respect.
- We act with integrity, are accountable to Alliance members, and follow through in a timely manner on commitments.
- We approach collaborative efforts with the willingness to be flexible in order to meet the local needs of each Alliance member.
- We are committed to dealing with each other fairly and honestly, and to communicate with transparency.

Cross-jurisdictional sharing (CJS)

CJS is the **deliberate exercise** of public authorities to **enable collaboration across jurisdictional boundaries** to deliver essential public health services. Collaboration allows communities to **solve problems** that cannot be solved — or easily solved — by single organizations or jurisdictions. This CJS roadmap includes three phases that guide jurisdictions through the CJS process:

- *Explore*
- *Prepare and Plan*
- *Implement and Improve*

Center for Sharing Public Health Services



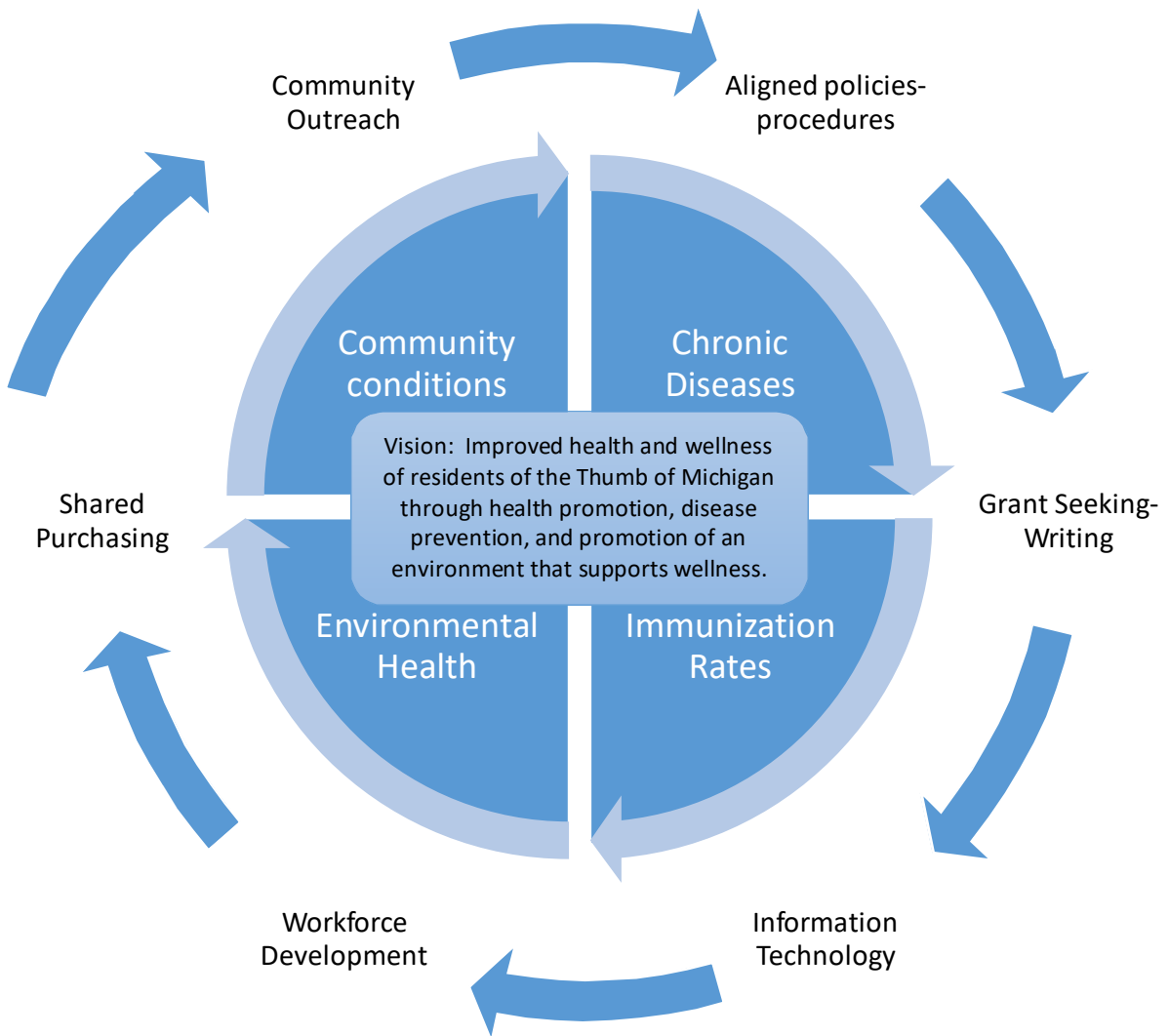
Goals and Focus Areas

Alliance Goals

- Alliance members will have strategically structured shared services.
- The Alliance will demonstrate impact on shared agency outcomes.
- The Alliance will reflect the needs and preferences of residents of the Thumb
- The Alliance will collaboratively advance health and wellness of Thumb residents through a demonstrated positive impact on health outcomes

Mission Targeted Focus Areas and Vision Oriented Priority Health Needs

Mission: To develop, implement, and sustain models of shared public health services that increase capacity, contain costs, maximize assets, and more effectively impact health outcomes.



Data Informed Planning

Existing Services Assessment and Collaboration Projects

Key staff members from the Huron, Lapeer, Sanilac, and Tuscola County Health Departments began by completing organizational assessments of existing services and organizational strengths and needs. A crosswalk was created to compare assessments of individual jurisdictions. A group prioritization process was utilized to explore opportunities for collaboration and sharing. As a result of the prioritization process, six focus areas were identified: 1) Aligned policies-procedures, 2) Grant Seeking-Writing, 3) Information Technology, 4) Workforce Development, 5) Shared Purchasing, and 6) Community Outreach. Following this prioritization, groups were formed to begin discussion specific needs and projects. Initial projects included development of an Alliance website (<http://www.mithumbpha.org>), electronic medical record reporting, assistance filling temporary workforce gaps, adoption of a common platform for electronic medical records, sharing of best practice, and technical assistance across jurisdictions. As trust and relationships were built between departments, additional sharing projects were undertaken and included interim sharing of nursing director services between two counties, use of telehealth technology to share a registered dietician between two counties, and maximizing use of technology in environmental health services.

Alliance Strengths, Weaknesses, Opportunities and Threats Analysis

During strategic planning, members used a group process to reflect on the Michigan Thumb Public Health Alliance growth and development. As part of this reflection, the group completed a self-assessment.¹ Incomplete criteria were discussed and addressed in further strategic planning. The members also completed a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis for the Alliance. A summary is presented on the following table.

Strengths	Weaknesses/Challenges
<ul style="list-style-type: none"> • Matching one agency's needs with the strengths of another • Resource sharing methods and best practice sharing • Seeking funding opportunities for alliance development and programs • Geographic location • Similar demographic composition and needs • Common focus • Diversified public health experience participating in Alliance meetings • Established formal-informal working relationships • Respect and cooperation among members 	<ul style="list-style-type: none"> • Different job, wage, and staffing structures • Different governing entities and layers of approval • Different levels of accomplishments and capacity • Leadership turnover • Time commitment to Alliance activities • Not able to develop own policies (not a separate non-profit entity)
Opportunities	Threats
<ul style="list-style-type: none"> • Rally new legislators to the corner of the Alliance • New grant opportunities • Bigger pool to draw from • Agricultural community presents opportunities • Support from Michigan Department of Health and Human Services for Alliance development 	<ul style="list-style-type: none"> • Policy makers and cumbersome approval chain • Funding (lack of) • Michigan Department of Health and Human Services may dictate collaborative terms • Sustainability of Alliance efforts • Changing trends (buzz, evidence based practice, repackaging of old concepts) • Change in policy makers and legislators • Maintaining momentum

¹ Self-Assessment of Cross-Jurisdictional Sharing Initiative Maturity, Center for Sharing Public Health Services.

Community Health Needs

Utilizing data from the local health departments' Community Health Improvement Plans, county health rankings², and other sources members discussed priority health needs. This discussion led to identification of four priority health areas.

- Chronic diseases impacted by inadequate nutrition and physical inactivity
- Immunization rates
- Environmental health concerns including community awareness of water quality
- Community conditions including poverty, housing, substance abuse, and mental health

The following table highlights data related to the selection of these health needs.

Data Indicator	Michigan	Huron	Lapeer	Sanilac	Tuscola
Demographics (2016 County Health Rankings)					
• Population	9,909,877	32,065	88,153	41,587	54,000
• Median Income	\$49,800	\$41,700	\$51,500	\$42,100	\$43,200
• % Rural	25.40%	89.50%	77.30%	90.20%	84.20%
Diabetes (Michigan Department of Health and Human Services (MDHHS))					
• Age Adjusted Deaths (3 yr - 2012-2014)	111.5	129.4	82.2	125.7	99.2
• Diabetes Discharges- Age Adjusted (3 yr average- 2012-2014)	183.3	96.3	147.1	171.3	138.7
• Diabetes Prevalence (2016 County Health Rankings)	10%	11%	10%	11%	10%
Cardiovascular Disease (Michigan Department of Health and Human Services)					
• Age Adjusted Deaths (3 yr - 2012-2014)	301.4	306	345.6	346.9	299.3
• Discharge for Acute Myocardial Infarction- Age Adjusted (3 yr average- 2012-2014)	200.3	233.6	323.6	268	265.3
• Years of Potential Life Lost (MDHHS-2013)	1309.9	1320.9	884.8	1709.9	1405.2
Immunization (Michigan Department of Health and Human Services, Immunization Report Card)					
• School Completion- February 2016	94.2	91.8	87.1	92.9	92.6
• Childcare Completion- February 2016	87.9	85.5	85.1	93.1	89.7
Environmental Health (Michigan Department of Health and Human Services, Quarterly Reports)					
• # of Food Borne Illness Investigations (FY14-15)	*	0	6	0	2
• # of Restaurant Violations Follow Up (FY14-15)	*	63	47	*	90
• Percent of children under age 6 with BLL =>5 for ug/dL (MDHHS-2015)	3.4%	< 6 cases	2.6%	3.5%	0.8%
Community Conditions (2016 County Health Ranking)					
• Poverty- all residents (census 2014 estimate)	12.1%	11%	8.4%	9.9%	11.2%
• Poverty- <18 (census 2014 estimate)	23.7%	24.9%	17.2%	23.1%	24.1%
• Excessive Drinking	20%	19%	21%	20%	21%
• Drug Overdose Deaths	16	NA	12	14	12
• % with severe housing problems	17%	13%	15%	14%	14%
• Age Adjusted Suicide Deaths (5 year-2010 to 2014 from Michigan MDHHS.)	13.2	14.6	17.7	18.8	13.1
• # of Suicides (four year average-2012 to 2014 from Local Medical Examiner (ME) Reports)	*	5.25	15.25	6 ³	6.5
• # of Suicides/100,000 (based on four year average- 2012 to 2014 from local ME)	*	16.37	17.3	14.43	12.04

² See appendix for a summary of County Health Rankings Data.

³ Only 2015 data.

* Missing Data

Implementation Plan Summary

Focus Areas and Objectives

Focus Area 1: Aligned policies and procedures

- Objective 1-a: Policies and Procedures reflect best practices and are consistent across jurisdictional boundaries when possible.
- Objective 1-b: Health Department's share best practices regarding policies and procedures.

Focus Area 2: Grant Seeking & Writing

- Objective 2. Increase financial stability and infrastructure of health departments.

Focus Area 3: Information Technology (IT)

- Objective 3. Health Department will investigate and implement technology to increase efficiency, quality, and cost savings.

Focus Area 4: Development of Workforce

- Objective 4: Health Department will have access to the expertise and human resources to meet the local communities' public health needs and accreditation requirements.

Focus Area 5: Shared Purchasing

- Objective 5: Health Departments that participate in the shared purchasing activities will experience cost savings.

Focus Area 6: Outreach

- Objective 6. Health Departments will increase community awareness regarding public health issues and services.

Strategies

1. Maintain and update a project benefits chart (See Appendix)
2. Implement a strategic communication plan (See Appendix)
3. Implement an evaluation plan for monitoring progress (See Appendix)
4. Develop workplans for each focus area (See Appendix for Committee template)
5. Seek strategic funding that aligns with goals, objectives, and priority health needs
6. Utilize an outside facilitator to continue monthly capacity building meetings designed for sharing best practices and identifying opportunities for continued collaboration
7. Develop a logic model (See Appendix)
8. Utilize existing organizational documents (i.e. strategic plan, operating guidelines) to guide collaboration opportunities

Appendices

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